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 10260 WESTHEIMER SUITE 360  
 HOUSTON, TEXAS 77042

PAULA D. MORRIS  
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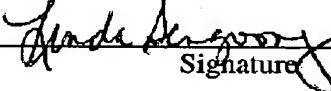
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I hereby certify that this correspondence is being transmitted via facsimile transmission in accordance with 37 CFR 1.8 on the date indicated below addressed to:

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on <u>FEBRUARY 24, 2004</u>	<u>(703) 872-9306</u>	No. of Pages including this cover sheet: <u>6</u>
Date	Facsimile Number	

  
 Signature

Linda Sengvong

Typed or Printed Name

Attached are the following: Transmittal [1 page], and Declaration of Inventors [4 pages].

Applicant:	MARK VAN DYKE	Examiner:	
			Not Yet Assigned
Serial No.:	10/626,907	Art Unit:	Not Yet Assigned
Filing Date:	July 25, 2003	Atty. Docket No.:	SwRI-2966-03
Title:	Bioactive Coating for Medical Devices		

10260 WESTHEIMER, SUITE 360, HOUSTON, TX 77042 TELEPHONE: (713) 334-5151 FACSIMILE: (713) 334-5157  
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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031  
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

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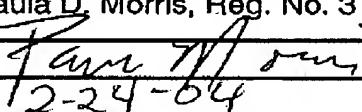
6

Application Number	10/626,907
Filing Date	July 25, 2003
First Named Inventor	Van Dyke
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	SwRI-2966-03

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) Combined Declaration and Power of Attorney; and
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2) Certificate of FAX under 37 CFR 1.8.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
The Commissioner is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account No. 50-0997 (SwRI-2966-03), maintained by Paula D. Morris & Associates, P.C. d/b/a The Morris Law Firm, P.C.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paula D. Morris, Reg. No. 31,516
Signature	
Date	2-24-04

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Please see attached certificate of mailing under 37 CFR 1.10	
Signature		Date

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.18 (e))  
required)

Attorney Docket Number	SWR1-2966-03
First Named Inventor	VAN DYKE, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/626,907
Filing Date	07/25/2003
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Bioactive Coating for Medical Devices**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

07/25/2003

as United States Application Number or PCT International

Application Number

10/626,907

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0032U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label **23770** OR  Correspondence address below

**PAULA D. MORRIS & ASSOCIATES, P.C.**  
Name

**10260 WESTHEIMER, SUITE 360**  
Address

<b>HOUSTON</b> City	<b>TX</b> State	<b>77042-3110</b> ZIP
<b>USA</b> Country	<b>(713) 334-5151</b> Telephone	<b>(713) 334-5157</b> Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

<b>Given Name</b> (first and middle [if any])	<b>MARK</b>	<b>VAN DYKE</b> Family Name or Surname
--	-------------	---

<b>Mark Van Dyke</b> Inventor's Signature	<b>11/5/03</b> Date
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<b>FAIR OAKS RANCH</b> Residence: City	<b>TEXAS</b> State	<b>USA</b> Country	<b>US</b> Citizenship
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**8507 PERCHERON CIRCLE**  
Mailing Address

<b>FAIR OAKS RANCH</b> City	<b>TEXAS</b> State	<b>78015</b> ZIP	<b>USA</b> Country
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

<b>ARLENE J.</b> Given Name (first and middle [if any])	<b>SILLER-JACKSON</b> Family Name or Surname
---	---

<b>Inventor's Signature</b>	<b>Date</b>
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<b>HELOTES</b> Residence: City	<b>TEXAS</b> State	<b>USA</b> Country	<b>US</b> Citizenship
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**11635 GULF STATION**  
Mailing Address

<b>HELOTES</b> City	<b>TX</b> State	<b>78023</b> ZIP	<b>USA</b> Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
**U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SWRI-2966-03
First Named Inventor	VAN DYKE, et al.
<b><u>COMPLETE IF KNOWN</u></b>	
Application Number	10/626,907
Filing Date	07/25/2003
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

**As the below named Inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

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## Bioactive Coating for Medical Devices

**(Title of the Invention)**

the specification of which

Is attached hereto

OR

was filed on (MM/DD/YYYY) 07/25/2003 as United States Application Number or PCT International

Application Number 10/626,907 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Priority Data Sheet				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028, attached hereto.

[Page 1 of 21]

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PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION — Utility or Design Patent Application**

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**PAULA D. MORRIS & ASSOCIATES, P.C.**  
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<b>USA</b> Country	<b>(713) 334-5151</b> Telephone	<b>(713) 334-5157</b> Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

<b>MARK</b> Given Name (first and middle [if any])	<b>VAN DYKE</b> Family Name or Surname
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<b>FAIR OAKS RANCH</b> Residence: City	<b>TEXAS</b> State	<b>USA</b> Country	<b>US</b> Citizenship
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Mailing Address

<b>FAIR OAKS RANCH</b> City	<b>TEXAS</b> State	<b>78015</b> ZIP	<b>USA</b> Country
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

<b>ARLENE J.</b> Given Name (first and middle [if any])	<b>SILLER-JACKSON</b> Family Name or Surname
---	--

<b>Arlene J. Siller-Jackson</b> Inventor's Signature	<b>11/14/03</b> Date
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<b>HELOTES</b> Residence: City	<b>TEXAS</b> State	<b>USA</b> Country	<b>US</b> Citizenship
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**11635 GULF STATION**  
Mailing Address

<b>HELOTES</b> City	<b>TX</b> State	<b>78023</b> ZIP	<b>USA</b> Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]